

# GRANTSVILLE CITY

## Commercial Business

### Conditional Use Permit Application

(plus site plan review)

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#### Property information and location

(All lines applicable to the site must be filled in)

Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

Parcel # \_\_\_\_\_

#### Property owner(s) information

Name(s) \_\_\_\_\_

Address (per tax rolls): \_\_\_\_\_

City/County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Office/Home Phone: \_\_\_\_\_ Cell # \_\_\_\_\_

Zoning and Total Acres Involved \_\_\_\_\_

Current Use of the Property \_\_\_\_\_

E-mail address: \_\_\_\_\_

A copy of the deed or tax notice **MUST** be included to demonstrate ownership

(for office use only)

C.U.P. Fee: \$100.00 – Site Plan Fee: \$500.00

Date Paid \_\_\_\_\_ Receipt # \_\_\_\_\_

CUP # \_\_\_\_\_

(if approved)

The following items **MUST** also be included along with the application:

- Location map
- Site and building plan
- Detailed description of proposed use
- A plat of the parcel obtained from Tooele County Recorder's office, and;  
The names and mailing addresses placed on mailing labels with a like  
number of stamped envelopes of all property owners within a five hundred  
(500) foot radius of the property; **PLEASE DON'T PUT MAILING  
ADDRESSES ON ENVELOPES! THANK YOU!**
- A UDOT Encroachment Permit is required if accessing a State Highway.

### Agent for the property owner(s) information

Name(s): \_\_\_\_\_

Address (per tax rolls): \_\_\_\_\_

City/County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office/home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

There shall be no presumption of approval of any aspect of the process. Each application for a commercial conditional use permit shall have all required submittals before it is accepted as a complete application. The CUP/Site Plan application goes before both the Planning Commission and City Council with a Public Hearing being held with the Planning Commission.

**APPLICATION IS HEREBY MADE TO THE PLANNING COMMISSION  
REQUESTING:**

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Total acreage of parcel: \_\_\_\_\_ Area occupied by this use: \_\_\_\_\_

I (We) understand that the Planning Commission shall not authorize a CUP unless the evidence presented is such as to establish that such use will not, under the circumstances of the particular case, be detrimental to the health, safety or general welfare of persons residing or working in the vicinity, and the proposed use will comply with the regulations and conditions specified in the Grantsville City zoning ordinance for such use.

Date signed: \_\_\_\_\_

Signature of owner(s) or agent(s): \_\_\_\_\_

This application **MUST** be submitted no later than 28 days before a scheduled Planning Commission meeting. The Planning Commission meets the 2nd Thursday of every month.